

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2478AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2008
NAME OF PROVIDER OR SUPPLIER SUN VALLEY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 220 CARLIN AVE LAS VEGAS, NV 89110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual State Licensure survey conducted at your facility on October 21, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed as a 6 beds Residential Facility for Groups which provides care to elderly and disabled persons and/or persons with mental illnesses, Category I residents.</p> <p>The census at the time of the survey was 4 residents.</p> <p>There were 4 resident files reviewed and 3 employee files reviewed.</p> <p>There were no complaints investigated during the survey.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 070 SS=D	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196</p> <p>1. A caregiver of a residential facility must:</p>	Y 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 8 hours of training related to providing for the needs of the residents were received annually by 1 of 3 employees. (#1) Findings include: Employee #1's (hire date 11/16/03) personnel file did not contain documented evidence of eight hours of annual Caregiver training. Severity: 2 Scope: 1	Y 070		
Y 104 SS=C	449.200(1)(e) Personnel File - References NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (e) Evidence that the references supplied by the employee were checked by the residential facility. This Regulation is not met as evidenced by: Based on record review the facility failed to ensure that references were checked by the residential facility for 2 of 3 employees. (#1, #2) Findings include: Employee #1's (hire date 11/16/03) personnel file	Y 104		

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Y 104	Continued From page 2 lacked documented evidence that references were checked. Employee #2's (hire date 6/14/99) personnel file lacked documented evidence that references were checked. Severity: 1 Scope: 3	Y 104		
Y 105 SS=C	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 1 of 3 employees had met the criminal history background check requirements. (#2) Findings include: Employee #2's (hire date 6/14/99) personnel file lacked a statement that the employee had not been convicted of any crimes listed in NRS 449.188. The file also lacked fingerprints and the result from the Nevada Repository. Repeat deficiency from survey dated 11/20/07. Severity: 1 Scope: 3	Y 105		
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards	Y 175		

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Y 175	Continued From page 3 NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation on October 21, 2008 at 2:00 PM, the facility was not free of hazards. Findings include: The sliding door out to the back patio was extremely difficult to open and required two hands and body weight to push open. Observation of the back yard revealed a wooden shed with a collapsed roof and sides. Inside the shed were various objects and debris. The back yard also contained a discarded basketball hoop and rolls of used tin roofing. Observation of the side yard revealed a used stove and refrigerator against the side of the house. Severity: 2 Scope: 3	Y 175		
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.	Y 178		

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Y 178	Continued From page 4 This Regulation is not met as evidenced by: Based on observation the facility failed to ensure the landscaping was well maintained. Findings include: Observation of the front yard on October 21, 2008 at 1:30 PM revealed dirt with scattered dead weeds dead grass, and dying shrubs. Observation of the back yard on October 21, 2008 at 2:00 PM revealed dirt with scattered weeds. Severity: 2 Scope: 3	Y 178		
Y 876 SS=C	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure that an ultimate user agreement was signed for 2 of 4 residents (#3, #4). Findings include: Resident #3's (admit date 11/30/99) file did not contain documentation of a signed medication	Y 876		

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Y 876	Continued From page 5 management agreement. Resident #4's (admit date 7/24/08) file did not contain documentation of a signed medication management agreement. Severity: 1 Scope: 3	Y 876			

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